

**Medicaid Outpatient Drugs Coverage  
Excluded Drug Coverage Information By State  
January 1, 2006**

**COLORADO**

**DESCRIPTION**

This chart provides excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

**MEDICAID ELIGIBILITY**

This State provides coverage for the Categorically Needy Only.

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*None*

Drugs when used to promote fertility

*None*

Drugs when used for cosmetic purposes or hair growth

*None*

Drugs when used for the symptomatic relief of cough and colds

*All*

Prescription vitamins and mineral products

*All*

Nonprescription drugs (Over-the-Counter)

*Some*

Allergy, asthma, and NSAIDs; analgesics; and digestive products. Products covered with restrictions – cough and cold preparations (<21); feminine products (must be medically necessary), smoking deterrents (prior authorization – once in a lifetime benefit, 90-day supply in conjunction with smoking cessation program); and topical products (must be medically necessary).

**COLORADO – Excluded Drug Coverage (continued)**

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

*All*

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

*All*

Smoking Cessation (except dual eligibles as Part D will cover)

*All*

**STATE WEBSITE**

[www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp](http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp)